

DOCKET NO. *RM-11030*

CERTIFIED

ORDER DATED <i>8/13/04</i>
FCC <i>DA 042583</i>
MIMEOGRAPH NO.

RECEIVED & INSPECTED
MAIL

RETURN

RECEIPT REQUESTED

NAME: *RM-11030
Capstar TX Limited Partnership
2625 South Memorial Dr.
Suite A
Tulsa, OK 74129

FCC MAIL ROOM

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

370
2.00
1.35
4.42

UNIT
2625 S MEMORIAL DR
10 AUG 18 2004
USPS-0003

Sent To *CAPSTAR TX Limited Partnership*
Street, Apt. No. or PO Box No. *2625 S MEMORIAL DR (A)*
City, State, Zip *TULSA, OK 74129*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*RM-11030
Capstar TX Limited Partnership
2625 South Memorial Dr.
Suite A
Tulsa, OK 74129

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *B. L. REEDER*
B. Date of Delivery
C. Signature *B. L. Reeder* ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☒ C.O.D.
Restricted Delivery (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7002 0510 0003 8378 8303